## ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

## St. Vincent Pediatric Rehabilitation Center

City: Indianapolis County: Marion Year: 2003

Provider Type: Children

I. Inpatient Care					
Hospital Service Description				Average Charge Per Discharge	
Burn Care	0	0	0	\$0	
Cardiac Intensive	0	0	0	\$0	
ICU Med/Surg	0	0	0	\$0	
ICU Neonatal	0	0	0	\$0	
ICU Pediatric	0	0	0	\$0	
Medical/Surgical	20	133	3,750	\$44,191	
Neonatal Intermed	0	0	0	\$0	
Obstetrics	0	0	0	\$0	
Pediatric	0	0	0	\$0	

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	20	133	3,750	NA
Normal Newborn	0	0	0	\$0

II. Outpatient Visits					
Circulatory System	1	Digestive System	2		
Endocrine System	1	Injuries and Poison	2		
Mental Disorder	8	Musculoskeletal	12		
Neoplasms	2	Nervous	20		
Respiratory	16	Urinary	0		
Other/Unknown	8,950	Total Visits	9,014		
Number of Visits to Eme	rgency Depart	ment	0		
Percent of Emergency Department Visits of Total Visits			0.0%		

## **Identification of Hospital Services**

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

N - Acute Renal Dialysis	N - Alcohol/Drug Service	N - Anesthesia Services
N - Blood Bank	N - Burn Care Unit	N - Chiropractric Service
N - Coronary Care Unit	N - Dental Services	Y - Dietetic Services
N - Emergency Service	N - Home Care Program	Y - Hospice
N - Inpatient Surgical Services	N - Intensive Care Unit	Y - Laboratory(Clinical)
N - Laboratory(Anatomical)	N - Long Term Care Unit	N - Neonatal Nursery
N - Nuclear Medicine Services	N - Obstetrics Services	
Y - Occupational Therapy	N - Open Heart Surgery	N - Operating Room
N - Optometric Service	N - Organ Bank	N - Organ Transplant
Y - Outpatient Service	N - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	N - Postoperative Recovery
N - Psychiatric Services	Y - Radiology(Diagnostic)	N - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	N - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

**Health Care Regulatory Services** 

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